



Texas Department of Insurance, Division of Workers' Compensation  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:  
Nacogdoches Physical Therapy L.L.C.  
4528 NE Stallings Dr  
Nacogdoches TX 75965

MDR Tracking No.: M4-04-9653-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:  
DEEP EAST TEXAS SELF INSURANCE  
Rep Box #01

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

POSITION SUMMARY: "...The treating physician, Dr. Hooker, was aware of the referral..."

Principle Documentation:

1. DWC-60
2. Progress notes
3. EOB's
4. CMS-1500's

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

POSITION SUMMARY: No response received

Principle Documentation:

1. No response received from Respondent

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
6/23/03, 6/25/03, 6/30/03, 7/8/03	L	97110, 97010, 97014, 97250, 97750-FC, 99070	1	\$00.00
TOTAL DUE				\$00.00

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule §134.201 titled (Medical Fee Guideline For Medical Treatments and Services Provided Under the Texas Worker's Compensation Act) effective April 1, 1996, sets out reimbursement guidelines.

1. Codes 97110, 97010, 97014, 97250, 97750-FC and 99070, for dates of service 6/23/03, 6/25/03, 6/30/03 and 7/8/03, were denied for "L – Treatment not performed or ordered by the treating physician." Per DWC records, the treating doctor during this time period was Dr. Bill Mathias. The referrals for the services in dispute were ordered by Dr. Joe Hooker, M.D. Per Rule 28 Texas Labor Code Sec. §408.025 (c), 28 Texas Labor Code Sec. §408.021 (C) and 28 Texas Labor Code Sec. §408.023 (j), all services must be approved or recommended by the treating doctor. The Requestors documentation does not substantiate that the treating doctor approved or recommended these treatments. Therefore, no reimbursement is recommended for these dates of service in dispute.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.201  
28 Texas Labor Code Sec. §408.025 (c)  
28 Texas Administrative Code Sec. §134.1  
28 Texas Labor Code Sec. §408.021 (C)  
28 Texas Labor Code Sec. §408.023 (j)

**PART VII: DIVISION DECISION AND ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor **is not** entitled to reimbursement.

Decision by:



Authorized Signature

James Schneider

Typed Name

10/27/06

Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.